

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

ALABAMA POWER COMPANY  
ATTN: ROD NOWLIN  
P O BOX 129  
ANNISTON, AL 36201

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

|                                          |                                       |                          |                                  |                                 |                      |                               |
|------------------------------------------|---------------------------------------|--------------------------|----------------------------------|---------------------------------|----------------------|-------------------------------|
| 1a. ORGANIZATION'S NAME                  |                                       |                          |                                  |                                 |                      |                               |
| OR                                       | 1b. INDIVIDUAL'S LAST NAME<br>GARRETT |                          | FIRST NAME<br>WILLIAM            | MIDDLE NAME<br>HAROLD           | SUFFIX               |                               |
| 1c. MAILING ADDRESS<br>13 FARMINGDALE RD |                                       |                          | CITY<br>HARPERSVILLE             | STATE<br>AL                     | POSTAL CODE<br>35078 | COUNTRY                       |
| 1d. TAX ID #: SSN OR EIN                 | ADD'L INFO RE ORGANIZATION DEBTOR     | 1e. TYPE OF ORGANIZATION | 1f. JURISDICTION OF ORGANIZATION | 1g. ORGANIZATIONAL ID #, if any |                      | <input type="checkbox"/> NONE |

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

|                          |                                       |                          |                                  |                                 |             |                               |
|--------------------------|---------------------------------------|--------------------------|----------------------------------|---------------------------------|-------------|-------------------------------|
| 2a. ORGANIZATION'S NAME  |                                       |                          |                                  |                                 |             |                               |
| OR                       | 2b. INDIVIDUAL'S LAST NAME<br>GARRETT |                          | FIRST NAME<br>SUE                | MIDDLE NAME<br>S                | SUFFIX      |                               |
| 2c. MAILING ADDRESS      |                                       |                          | CITY                             | STATE                           | POSTAL CODE | COUNTRY                       |
| 2d. TAX ID #: SSN OR EIN | ADD'L INFO RE ORGANIZATION DEBTOR     | 2e. TYPE OF ORGANIZATION | 2f. JURISDICTION OF ORGANIZATION | 2g. ORGANIZATIONAL ID #, if any |             | <input type="checkbox"/> NONE |

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

|                                                  |                            |  |                  |             |                      |         |
|--------------------------------------------------|----------------------------|--|------------------|-------------|----------------------|---------|
| 3a. ORGANIZATION'S NAME<br>ALABAMA POWER COMPANY |                            |  |                  |             |                      |         |
| OR                                               | 3b. INDIVIDUAL'S LAST NAME |  | FIRST NAME       | MIDDLE NAME | SUFFIX               |         |
| 3c. MAILING ADDRESS<br>P O BOX 129               |                            |  | CITY<br>ANNISTON | STATE<br>AL | POSTAL CODE<br>36201 | COUNTRY |

4. This FINANCING STATEMENT covers the following collateral:

3.5 TON AMANA HEATPUMP  
MODEL# RHA42B2D  
SERIAL# 0109110852

\$4800.00

|                                                                                                                                                                       |                                                                               |                     |                                      |              |                                   |                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------|--------------------------------------|--------------|-----------------------------------|-----------------------------------|
| 5. ALTERNATIVE DESIGNATION [if applicable]:                                                                                                                           | LESSEE/LESSOR                                                                 | CONSIGNEE/CONSIGNOR | BAILEE/BAILOR                        | SELLER/BUYER | AG. LIEN                          | NON-UCC FILING                    |
| 6. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum [if applicable] | 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [ADDITIONAL FEE] [optional] |                     | <input type="checkbox"/> All Debtors |              | <input type="checkbox"/> Debtor 1 | <input type="checkbox"/> Debtor 2 |
| 8. OPTIONAL FILER REFERENCE DATA                                                                                                                                      |                                                                               |                     |                                      |              |                                   |                                   |

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

|    |                            |            |                     |
|----|----------------------------|------------|---------------------|
| OR | 9a. ORGANIZATION'S NAME    |            |                     |
|    |                            |            |                     |
|    | 9b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME, SUFFIX |
|    | GARRETT                    | WILLIAM    | HAROLD              |

10. MISCELLANEOUS:

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11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names

|                      |                             |                                   |                           |                                                                    |
|----------------------|-----------------------------|-----------------------------------|---------------------------|--------------------------------------------------------------------|
| OR                   | 11a. ORGANIZATION'S NAME    |                                   |                           |                                                                    |
|                      |                             |                                   |                           |                                                                    |
|                      | 11b. INDIVIDUAL'S LAST NAME | FIRST NAME                        | MIDDLE NAME               | SUFFIX                                                             |
|                      | GARRETT                     | SUE                               | S                         |                                                                    |
| 11c. MAILING ADDRESS |                             | CITY                              | STATE                     | POSTAL CODE COUNTRY                                                |
|                      |                             |                                   |                           |                                                                    |
| 11d. TAX ID #:       | SSN OR EIN                  | ADD'L INFO RE ORGANIZATION DEBTOR | 11e. TYPE OF ORGANIZATION | 11f. JURISDICTION OF ORGANIZATION 11g. ORGANIZATIONAL ID #, if any |
|                      |                             |                                   |                           | <input type="checkbox"/> NONE                                      |

12. ☐ ADDITIONAL SECURED PARTY'S or ☐ ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

|                      |                             |            |             |                     |
|----------------------|-----------------------------|------------|-------------|---------------------|
| OR                   | 12a. ORGANIZATION'S NAME    |            |             |                     |
|                      |                             |            |             |                     |
|                      | 12b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX              |
|                      |                             |            |             |                     |
| 12c. MAILING ADDRESS |                             | CITY       | STATE       | POSTAL CODE COUNTRY |
|                      |                             |            |             |                     |

13. This FINANCING STATEMENT covers ☐ timber to be cut or ☐ as-extracted collateral, or is filed as a ☒ fixture filing.

14. Description of real estate:

SEE ATTACHMENT.

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

16. Additional collateral description:

17. Check only if applicable and check only one box.

Debtor is a ☐ Trust or ☐ Trustee acting with respect to property held in trust or ☐ Decedent's Estate

18. Check only if applicable and check only one box.

☐ Debtor is a TRANSMITTING UTILITY

☐ Filed in connection with a Manufactured-Home Transaction — effective 30 years

☐ Filed in connection with a Public-Finance Transaction — effective 30 years

# Last Will and Testament

of  
MAMIE STONE

STATE OF ALABAMA

SHELBY COUNTY

I, Mamie Stone of Shelby County, Alabama, being of sound mind and disposing memory and being mindful of the certainty of death and of the uncertainty of life, do hereby make and publish this, my last will and testament, hereby revoking all former wills, if any, by me at any time made:

ITEM ONE: It is my will that all of my legal debts and funeral expenses be paid as soon after my death as is practicable.

ITEM TWO: I give, devise and bequeath my home and approximately one-half acre on which said home is situated, and any automobile which I may own at my death, to Christopher Garrett, to be his absolutely.

ITEM THREE: I give, devise and bequeath all the rest, residue and remainder of any property which I may own at the time of my death, or in which I may have an interest, real, personal, or mixed and wheresoever situated, unto Sue Garrett, to be hers absolutely.

ITEM FOUR: I hereby appoint as Executrix of this My last Will and Testament, Sue Garrett, and I do hereby relieve and exempt her from making bond as such Executrix, and also from the filing of any accounts, appraisals or inventories in any Court pertaining to the administration of my estate.

IN WITNESS WHEREOF, I herunto set my hand this 14th day of May, 1997.

Mamie Stone  
Mamie Stone

WE, the undersigned witnesses, have hereunto set our names to the foregoing Will as witnesses, in the presence of Mamie Stone, and in the presence of each other, at her request on the same day the same bears date.

Eva D. Menden  
Kelly S. Armstrong

LAST WILL AND TESTAMENT OF  
Mamie Stone  
Page Two

I, Mamie Stone, the testatrix, sign my name to this instrument this 14th day of May, 1997, and being first duly sworn, do hereby declare to the undersigned authority that I sign and execute this instrument as my Last Will and that I sign it willingly, that I execute it as my free and voluntary act for the purposes therein expressed, and that I am nineteen years of age or older, of sound, and under no constraint or undue influence.

Mamie Stone  
Mamie Stone, Testatrix

WE, Eva D. Mooney and Kelly G. Armstrong, the witnesses, sign our names to this instrument, being first duly sworn, and do hereby declare to the undersigned authority that the testatrix signs and executes this instrument as her Last Will and that she signs it willingly, and that each of us, in the presence and hearing of the testatrix, hereby sign this will as witness to the testatrix' signing, and that to the best of our knowledge the testatrix is nineteen years of age or older, of sound mind, and under no constraint or undue influence.

Eva D. Mooney  
Witness

462 Blair's Place

Childersburg, Alabama 35044  
Address

Kelly G. Armstrong  
Witness

113 Stinson Drive

Wilsonville, Alabama 35186  
Address

LAST WILL AND TESTAMENT OF  
Mamie Stone  
Page Three

State of Alabama

County of Shelby

Subscribed, sworn to and acknowledged before me by Mamie  
Stone, the testatrix and subscribed and sworn to before me by  
Eva D. Mooney and Kelly G. Armstrong, witnesses,  
this 14th day of May, 1997.

  
\_\_\_\_\_  
Notary Public

P. O. Box 557

Columbiana, Alabama 35051  
Address